

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		--	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
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50														
TOTAL IND.	10													
TOTAL DEP.	13	↓			↓									
TOTAL CLAIMS	23													
TOTAL IND.								↓				↓		
TOTAL DEP.									↓				↓	
TOTAL CLAIMS														

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS